

FEC
FORM 1

HAND DELIVERED
**STATEMENT OF
ORGANIZATION**

RECEIVED
2015 JAN 27 PM 3:28
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

The Peter Norbeck Leadership PAC

ADDRESS (number and street)

Post Office Box 477



(Check if address
is changed)

Pierre

CITY ▲

SD

STATE ▲

57501

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

PeterNorbeckPAC@GMail.com

Optional Second E-Mail Address

Tim@KochAndHoos.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

N/A

2. DATE

01

15

2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



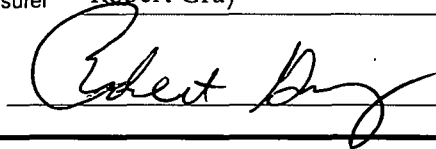
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Gray

Signature of Treasurer



Date

01

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<input type="checkbox"/> _____
2. _____	FEC ID number	<input type="checkbox"/> _____
3. _____	FEC ID number	<input type="checkbox"/> _____
4. _____	FEC ID number	<input type="checkbox"/> _____

Write or Type Committee Name

The Peter Norbeck Leadership PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

The Honorable Mike Rounds

Mailing Address

Post Office Box 250

Pierre

CITY

SD

STATE

57501

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Melissa Hull

Mailing Address

Post Office Box 477

Pierre

CITY

SD

STATE

57501

ZIP CODE

Title or Position

Custodian of Records

Telephone number

605 - 494 - 2026

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Robert Gray

Mailing Address

Post Office Box 477

Pierre

CITY

SD

STATE

57501

ZIP CODE

Title or Position

Treasurer

Telephone number

605 - 494 - 2026

Full Name of
Designated
Agent

Robert Skjonsberg

Mailing Address

Post Office Box 477

Pierre

CITY

SD

STATE

57501

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

605 - 494 - 2026

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First National Bank

Mailing Address

Post Office Box 730

Pierre

CITY

SD

STATE

57501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

CONFIDENTIAL

(8/2013)